

Department of Developmental Services
DDS Abuse/Neglect Registry: Monitoring Form

Client Name

Incident Date:

For purposes of the DDS Abuse/Neglect Registry, summary of DDS monitoring activities/procedures of a private agency/vendor investigation: {(A) confirming the accuracy of witness statements, (B) confirming the sources, documentation and evidence relied upon in the investigation, and (C) conducting such supervision and review activities as may be sufficient, in the exercise of professional judgment by an investigator employed by the authorized agency and trained by the State of Connecticut, to confirm that the finding(s) are supported by a preponderance of evidence)}

☐ **Abuse Substantiated**

☐ **Neglect Substantiated**

Summary of basis for substantiation:

DDS is in agreement with investigation findings.

☐ **Yes**

☐ **No**

DDS confirms, on the basis of this investigation, that abuse/neglect is substantiated by a preponderance of evidence.

Date

DDS Lead Investigator